PTO/SB/17 (10-07)
Approved for use through 08/30/2010. OMB 0651-0032
d Trademark Officer U.S. DEDADTATEMY OF SOMEONE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMS control num								
		Complete if Known						
Fees pursuant to	Application No	Application Number		10/086,286-Conf. #3327				
FEE TRANSMITTAL			Filing Date		March 1, 2002			
For FY 2008				First Named Inventor Robert D. Tor		erson		
F01 F1 2006			Examiner Nam	Examiner Name V. Q. Bui				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 3773				
TOTAL AMOUNT OF PAYMENT (\$) 2,230.00		(\$) 2,230.00	Attorney Docke	Attorney Docket No.		D0188.70135US00		
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FI		EARCH FEES		NATION FEES			
Application T	ype Fee (\$	Small Entity Fee (S) Fee	(\$) Small Entity (\$)	/ Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)	
Utility	310	155 51		210	105	10001	2.0 (4)	
Design	210	105 10		130	65			
Plant	210	105 31		160	80			
Reissue	310	155 51		620	310			
Provisional	210	105	0 0	0.20	0			
2. EXCESS CLAIM FEES				·	·		Small Entity	
Fee (S) Fee (S)								
Each claim over 20 (including Reissues) 50							25	
Each independent claim over 3 (including Reissues)						210	105	
Multiple dependent claims 370						185		
Total Claims	e Paid (\$)	<u>0</u>	Multiple Depende	nt Claims				
		× =		E	ee (\$) F	ee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
- = X = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): 1255 Extension for response within fifth month 2,230.00								
SUBMITTED BY	Γ	Lance	Registration No.	FF 454	Tribata	047.010	2000	
Signature	gristione (Attorney/Agent) 55,151 Telephone 517.040.8000							
Name (Print/Type)	Roque El-Hayek	/			Date	March 25	5, 2008	

| Certificate of Electronic Filing Under 37 CFR 1.8
| I hereby certify that this paper (sions with any paper referred to as being attached or encloses) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).
| Dated: 3/25/08 | Signature: | Florist